

BILLERICAY
Rural District Council.

REPORT
OF THE
Medical Officer of Health
FOR THE YEAR 1913.

BRENTWOOD :
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Annual Report.

GENTLEMEN,

The following is my report for the year 1913:—

Our Sanitary District consists of 24 parishes with a population of 21,557 according to the census of 1911.

All rates are calculated on this population of 21,557, except the District Death rate, which is calculated on a population of 17,500. This figure is arrived at by deducting the institutional population.

The Registrar supplies through the County Medical Officer of Health, the inward and outward transfers of births and deaths, so that the net birth and death rate for the district is calculated after being corrected by these returns of the Registrar General.

The full returns of the Registrar General for the whole of the year are not available when this report is written, so the figures in columns 6, 8 and 12 of Table I. do not seem correct arithmetically. They are correct as far as the returns of the local registrars are concerned.

The total number of births registered within the district was 369. The corrected number is 372. This gives a birth rate of 17·2 per 1,000, which is very slightly less than that of 1912, which was 17·7.

The total number of deaths registered in the district was 531, giving a death rate of 24·6. The nett deaths registered in the district, i.e., after all corrections are made, was 202, giving a death rate of 11·6.

Last year the death rate was 9·1.

There were 21 deaths of infants under one year, giving an infantile mortality of 56·4, compared with one of 46·9 for the year 1912.

There are no separate localities.

The Institutions in our district are :—The Essex County Asylum, the Poplar Branch Workhouse, The Poplar School, Littleton Hall Private Asylum, New Lodge Sanatorium for Nervous Cases, The Brentwood Cottage Hospital, and the Billericay Workhouse, which supplies the needs of the Brentwood Urban District.

TABLE I.

VITAL STATISTICS OF WHOLE DISTRICT DURING 1913 AND PREVIOUS YEARS.

BILLERICAY RURAL DISTRICT.

Year	Population estimated to Middle of each Year.	BIRTHS.			TOTAL DEATHS REGISTERED IN THE DISTRICT.		TRANSFERABLE DEATHS.		NETT DEATHS BELONGING TO THE DISTRICT.			
		Uncorrected Number.	Nett.		Number.	Rate.	of Non-residents registered in the District.	of Residents not registered in the District.	Under 1 yr. of age		At all Ages.	
			Number.	Rate.					Number.	Rate per 1,000 Nett Births.	Number.	Rate.
1	2	3	4	5	6	7	8	9	10	11	12	13
1908.	15,192		409	26·9	444	13·3			28	68·5	194	12·7
1909.	15,192		378	25·7	418	11·8			18	47·1	176	11·5
1910.	15,192		362	23·8	423	24·1			30	80·6	159	10·4
1911.	21,557		389	18	525	24·3			31	80·3	225	10·4
1912.	21,557	386	383	17·7	552	25·6	313	13	18	46·9	197	9·1
1913.	21,557	769	372	17·2	531	24·6	337	8	21	56·4	202	11·6

Area of District in acres (land and inland water), 49,350 (less the acreage of the Brentwood U.D.)

Total population at all ages, 21,557

Number of inhabited houses ..

no return

Average number of persons per house

no return

At Census of 1911.

TABLE III.
CAUSES OF, AND AGES AT DEATH DURING 1913 IN THE
BILLERICAY RURAL DISTRICT.

CAUSES OF DEATH.	DEATHS AT THE SUBJOINED AGES OF "RESIDENTS" WHETHER OCCURRING IN OR BEYOND THE DISTRICT								TOTAL DEATHS WHETHER OF "RESI- DENTS" OR "NON-RESI- DENTS" IN PUBLIC INSTITU- TIONS IN THE DISTRICT
	All Ages.	Under 1 year.	1 and under 2.	2 and under 5.	5 and under 15.	15 and under 25.	25 and under 45.	45 and under 65.	
All Causes { Certified (c) Uncertified	...	...	...	...	...	...	...	...	...
Enteric Fever ...	...	...	...	...	...	...	...	...	...
Small-Pox ...	...	...	...	...	...	...	...	...	...
Measles ...	...	...	...	...	...	...	...	...	...
Scarlet Fever ...	...	...	...	...	...	...	...	...	...
Whooping-cough ..	4	...	1	1	...	...	...	...	...
Diphtheria (including Membranous Croup)	1	...	...	1	...	...	...	...	...
Influenza ...	4	...	...	1	...	1	...	1	1
Erysipelas ...	...	...	...	...	...	...	...	...	3
Phthisis (Pulmonary Tuberculosis) ...	8	...	...	...	1	...	4	2	1
Tuberculous Men- ingitis	...	...	...	...	...	...	...	...	1
Other tuberculous Dis- eases	6	...	...	...	2	1	1	1	1
Cancer, Malignant Disease ...	22	...	...	...	...	1	1	14	6
Rheumatic Fever	...	...	...	...	...	...	...	...	...
Meningitis ...	3	...	...	2	1	...	...	...	1
Organic Heart Disease	19	...	...	...	...	...	4	5	10
Bronchitis ...	5	1	...	...	...	...	...	2	2
Pneumonia (all forms)	9	3	...	...	1	...	2	2	1
Other diseases of respiratory organs ..	4	1	...	1	...	...	1	...	1
Diarrhoea and Enteritis ...	2	1	...	...	...	...	1	...	...
Cirrhosis of Liver	1	...	...	...	...	...	...	1	...
Alcoholism	3	...	...	...	...	...	2	1	...
Nephritis and Bright's Disease ...	9	...	...	...	...	...	...	6	3
Puerperal Fever	1	...	...	...	...	...	1	...	...
Other accidents and Diseases of Preg- nancy and Parturi- tion ...	...	...	...	...	...	...	...	...	...
Congenital Debility and Malformation, includ- Premature Birth ...	9	8	...	1	...	...	...	...	...
Violent Deaths, exclud- ing Suicide ...	10	1	...	...	1	1	2	4	1
Suicides...	2	...	...	...	...	...	1	1	...
Other Defined Diseases	71	4	...	...	2	2	9	3	19
Diseases ill-defined or unknown ...	1	...	...	...	...	1	...	...	...
Totals	194	21	3	7	8	7	29	43	76
									318

TABLE IV.

INFANT MORTALITY, 1913.—BILLERICA RURAL DISTRICT.
NETT DEATHS FROM STATED CAUSES AT VARIOUS AGES UNDER ONE YEAR OF AGE.

CAUSE OF DEATH.		Under 1 Week.	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 4 Weeks.	4 Weeks & under 3 Months.	3 Months & under 6 Months.	6 Months & under 9 Months.	9 Months & under 12 Months.	Total Deaths under One Year.
All Causes	{ Certified .. Uncertified ..	6	4			10	2	4	3	2	21
{ Small-pox	..	..	..	..	..	..	..	..	..	..	..
{ Chicken-pox	..	..	..	..	..	..	..	..	..	..	..
{ Measles	..	..	..	..	..	..	..	..	..	..	..
{ Scarlet Fever	..	..	..	..	..	..	..	..	..	..	..
{ Whooping Cough	..	..	..	..	..	..	1	..	1	..	2
{ Diphtheria and Croup	..	..	..	..	..	..	..	..	..	..	..
Erysipelas	..	..	..	..	..	..	..	..	..	..	..
{ Tuberculous Meningitis	..	..	..	..	..	..	..	..	..	..	..
{ Abdominal Tuberculosis (b)	..	..	..	..	..	..	..	..	..	..	..
{ Other Tuberculous Diseases	..	..	..	..	..	..	..	..	..	..	..
Meningitis (not Tuberculous)	..	..	..	..	..	..	..	..	..	..	..
Convulsions	..	1	1	..	..	2	..	1	1	..	4
Laryngitis	..	..	..	..	..	..	..	..	..	..	..
Bronchitis	..	..	1	..	..	1	1	..	..	..	2
Pneumonia (all forms)	..	..	1	..	..	1	..	1	..	1	3
{ Diarrhoea	..	..	..	..	..	..	..	..	..	..	..
{ Enteritis	..	..	..	..	..	..	..	1	..	..	1
Gastritis	..	..	..	..	..	..	..	..	1	..	1
Syphilis	..	..	..	..	..	..	..	..	..	..	..
Rickets	..	..	..	..	..	..	..	..	1	..	1
Suffocation, overlying	..	1	..	..	..	1	..	..	..	..	..
Injury at birth	..	..	..	..	..	..	..	..	..	..	1
Atelectasis	..	..	..	..	..	..	..	..	..	..	..
{ Congenital Malformations (c)	..	..	..	..	..	..	..	..	..	..	..
{ Premature birth	..	3	..	..	..	3	..	..	..	..	3
{ Atrophy, Debility and Marasmus	..	1	1	..	..	2	..	..	..	..	2
Other Causes	..	..	..	..	..	..	..	1	..	..	1
Totals		6	4			10	2	4	3	2	21

Nett Births in the year, legitimate, 361; illegitimate, 11.

Nett Deaths in the year, legitimate Infants, 21; illegitimate, 0.

TUBERCULOSIS.

Pulmonary Tuberculosis caused 8 deaths in the district, and other forms of Tuberculosis caused 6.

There were 24 deaths from Pulmonary Tuberculosis and 6 from other forms of Tuberculosis in the institutions of the district; nearly all of these occurred in the Asylum.

Cancer and other malignant diseases caused 22 deaths in the district and 6 in institutions, again nearly all of these were in the Asylum.

PULMONARY TUBERCULOSIS AND ALL OTHER FORMS.			CANCER AND OTHER MALIGNANT DISEASES.	
Year.	District.	Institutions.	District.	Institutions.
1908	16	14	8	3
1909	11	24	10	7
1910	9	28	21	2
1911	7	22	24	4
1912	9	29	16	5
1913	14	30	22	6

There were 28 cases of Pulmonary Tuberculosis notified during the year 1913, and 10 cases of other forms of Tuberculosis notified during the last eleven months of the year, the reason for this being that compulsory notification of other forms of Tuberculosis did not come into force until February 1st, 1913.

These cases were all visited at least once, and cards of instructions and precautions left, and spittoons and disinfectant supplied wherever such were not supplied by the patients or their friends or relatives.

I am convinced that the compulsory notification of all forms of Tuberculosis is right and necessary, as one can get hold of these cases in an earlier stage, and adequate means of combating this dread disease can be taken earlier in the case and therefore the likelihood of cure is greater.

As a sanitary authority we are primarily concerned with the prevention of the spread of the disease; undoubtedly the most satisfactory way to do this is to isolate all the infectious cases, as we now do cases of Scarlet Fever, etc., and in my opinion proper isolation is only possible in a Sanatorium.

One can divide the cases of Tuberculosis into two classes. Those which are curable and those which are quite incurable, and for both these classes sanatorium treatment is in my opinion essential.

In the first class, because it gives the Tuberculosis patient the best chance of cure in the shortest time, and further, sanatorium life educates the patient as to the best way of keeping well after he leaves the sanatorium to resume his ordinary life, and also because it isolates the patient during the time when he is highly infectious.

In the second class, sanatorium treatment is necessary, because these cases are very highly infectious, and get more so as the disease progresses, ultimately to kill them, and therefore for the good of the public health these cases require isolation.

The Sanatorium part of the National Insurance Act has come into being, and an attempt has been made in Essex to provide sanatorium treatment for all cases which are entitled to it under the Insurance Act. As was only to be expected, in a new venture such as this and on such a large scale as is necessary, everything has not worked smoothly during the year, and there have been many causes for complaint in the delay and difficulty experienced in getting sanatorium treatment for those who require it, and are entitled to it, under the National Insurance Act, that is to say, insured persons. So far the County Council scheme does not give sanatorium treatment to the dependents of the insured, which means that there is at present no sanatorium treatment available to children, and these are the most desirable and deserving cases for such treatment in my opinion, and these are the cases which as a nation we ought to give first thought to, in order to fit them as fully as possible for the battle of life.

Under their present scheme the County Council only take into their sanatoriums cases which are considered curable, they do not take in the hopeless incurable cases. It seems to me that some provision ought to be made for sanatorium treatment of the later cases, for as I said above these cases are as a rule the most infectious ones, and become more infectious as death draws nearer, and since it is the duty of a sanitary authority to prevent the spread of infectious disease, it is in my opinion the

duty of such an authority to provide adequate isolation for this class of case.

Whether, under some extension of the present scheme either parliamentary, or by the County Council, this will ever happen, it is impossible to say, at least one can say it is not likely to happen in the near future, and meantime it rests with the local sanitary authority to provide such accommodation, for the present, within its own district. In my opinion this is a very urgent matter, and should be considered by this authority without delay, and some steps taken to provide such accommodation.

This would not be a very expensive matter. There is ample space on the ground surrounding our Isolation Hospital for the erection of a small sanatorium of six beds, and that would be sufficient, in my opinion, for our district. The administration part of such a scheme could be adequately worked in conjunction with the administration of the Isolation Hospital, and one, or perhaps two, additional nurses specially set apart for this work, would be all that would be required in the way of additional staff.

I can see no adequate objection to having a sanatorium within the grounds of an Isolation Hospital; especially in a case like our hospital, where there is ample ground to spare. At many isolation hospitals in this county there are now sanatoria existing, and no case of conveying disease from one patient to another is known.

During the year this authority, on my recommendation, considered the question of supplying Tuberculin and Tubercle Vaccine for use by medical practitioners among contract and poor-law patients. Correspondence took place on this subject between this authority and the Local Government Board, and the Essex County Council, and it was finally decided by these various authorities that the supply of Tuberculin and Tubercle Vaccines for use in contract patients came within the scope of the Sanatorium part of the National Insurance Act, but that poor-law cases did not. The adequate diagnosis and treatment of Tuberculosis is as necessary among poor-law cases as among any other, and it is to be hoped that poor-law cases will soon be included under the County Council scheme.

Sputum flasks are now supplied by this authority to all cases where such are necessary.

I would recommend this authority to consider the suggestion I made in my last year's report, and to adopt it, viz.:—That the examination of sputum in all suspected cases of Pulmonary Tuberculosis be paid for by this authority. At the present time in very many cases this has to be paid for by the medical practitioner attending the cases, as very rarely can the working class patient afford the necessary half-crown himself; and as this class of person come under the term of contract patient, it is unfair to ask the medical man to pay for this. The result is that oftentimes early cases are not diagnosed, no positive diagnosis being made until some destruction of lung tissue has taken place, or very active disease has shown itself, and then it is frequently too late to fully restore the patient to a complete measure of health and strength.

The most important thing in the successful treatment of all forms of Tuberculosis is an early diagnosis, and treatment early begun.

OTHER INFECTIOUS DISEASES.

Three hundred and twelve cases of infectious disease were notified (exclusive of the cases of Tuberculosis) during the year, as against two hundred and fifty in the previous year.

Of these 27 were Diphtheria, 29 were Scarlet Fever, 15 were Erysipelas, 134 were Measles, 104 were Chicken Pox, 2 were Puerperal Fever, and there was 1 case of Enteric Fever. The increase in the total number was due to Measles. There was only one case of Enteric Fever as against eight last year, and this one case was an imported one from the Southend district.

There was an epidemic of Measles in Laindon and Little Burstead, almost all the cases being among children living in these two parishes who attend the Laindon Hills Council School.

There was in the autumn a number of cases of Scarlet Fever among the children attending Gt. Burstead Council School, and these were undoubtedly due to the insanitary lavatories existing at this school, the system in vogue there is the privy mudden one. This authority has communicated with the Education Authorities as to requiring them to remedy this by relaying a modern system and connecting with the sewer. Plans for this are now under consideration by the Education Authorities, and they

promise that this matter shall be attended to during the school Easter holidays of 1914.

I hope this will be done then, as it is impossible to prevent cases occurring among children who require to use such an insanitary system as exists at present.

The order for the compulsory notification of Measles and Chicken Pox in this district was renewed by this authority during the year. We are finding the benefit of this order, not in the diminution of the number of cases so much as in the lessening of the oftentimes serious sequelæ which may follow from them. The public are being educated to regard these diseases less lightly than formerly.

TABLE 11.
CASES OF INFECTIOUS DISEASE NOTIFIED DURING THE YEAR 1913.
IN THE BILLERICAY RURAL DISTRICT.

NOTIFIABLE DISEASE.	NUMBER OF CASES NOTIFIED.								Total cases removed to hospital.
	At all Ages.	AT AGES—YEARS.							
		Under 1.	1 to 5.	5 to 15.	15 to 25.	25 to 45.	45 to 65.	65 and upwards.	
Cholera	...	...	...	...	...	...	...	...	...
Diphtheria (including Membranous Croup)	27	...	7	14	3	2	..	...	...
Erysipelas	15	...	...	...	1	5	.	1	22
Scarlet Fever	29	...	4	22	3	...	7	5	...
Typhus Fever	...	...	...	..	...	...	...	...	27
Enteric Fever	1	...	...	...	1	...	...	...	...
Relapsing Fever	...	..	...	..	...	...	...	...	1
Continued Fever	...	...	...	...	...	...	...	..	..
Puerperal Fever	2	...	...	..	...	2	...	.	...
Poliomyelitis	...	...	...	..	...	...	...	...	...
Pulmonary Tuberculosis	28	...	1	5	7	11	4	.	...
Other forms of Tuberculosis	10	...	1	5	1	3	..	...	...
Measles	134	1	36	90	6	1	...	...	...
Chicken-pox	104	3	28	67	2	4	...	...	...
Totals	350	4	77	203	24	28	8	6	

ISOLATION HOSPITAL.—Billericay and District Hospital 16 beds, for use of Billericay R.D. and Brentwood U.D. The Guardians of Billericay Union-house 6 beds in shelters, for pauper cases only.

THE ISOLATION HOSPITAL.

The Isolation Hospital was occupied all the year with the exception of one week in July, viz.:—From July 24th to July 31st.

In all 50 cases were admitted as against 67 last year. 27 of these were Scarlet Fever, 22 were Diphtheria, and 1 was Enteric Fever. There were no deaths in the hospital.

The Brentwood Urban District sent 4 cases to the hospital, viz.:—2 cases of Scarlet Fever and 2 of Diphtheria.

The average duration of stay in hospital was 45·1 days for Scarlet Fever cases, 31·1 for Diphtheria cases, and 46 days for Enteric Fever.

The work of the hospital has been carried on in a highly efficient manner by the nursing staff; during the year Nurse Rolfe left to get married after being with us for 8½ years, during which time she proved herself a very capable nurse. Nurse Boucher was appointed to fill her place as senior assistant nurse, and so far she has fully justified her appointment; she is a good worker, with a good knowledge of what is required as a nurse.

The new porter and his wife are the right couple in the right place, and a great improvement on the former occupants of these posts. They are both hard workers, thoroughly trustworthy, and resourceful.

The Matron, Miss Jones, deserves high commendation, for to her ability is due the smooth working of the hospital and the successful carrying out of the treatment of the patients, under the very considerable difficulties, and very often trying circumstances, due to the lack of proper accommodation for both patients and nurses at the hospital.

Extra accommodation was required twice during the year, and for this purpose tents were erected near the hospital at the beginning of the year for Scarlet Fever cases, and during September for Diphtheria cases.

In my last year's report I stated that the plans for the new hospital had been approved by the Local Govern-

ment Board, and a tender had been provisionally accepted by this authority.

Since then the whole matter has been reconsidered by this authority with a view to reducing the estimated cost.

This has been done and the new plans have been approved by the Local Government Board, a tender has been accepted by this authority, and that tender has now been sanctioned by the Local Government Board.

This being so, it seems more likely that the new hospital will be built this year. That it is required I don't think anyone can question. Our present hospital, which has 16 beds, would certainly not pass any official inspection as sufficient in size for that number of patients, and the accommodation for the nursing and domestic staff is poor in the extreme.

The new hospital is to have 22 beds. There is to be one block, consisting of 2 wards of eight beds each, and one observation block of 6 beds, each bed isolated from the other.

There is besides these two blocks to be an administration block, also detached.

One of our great difficulties in the past has been to separate the two sexes. This will certainly be more easily accomplished in the new hospital.

CASES ADMITTED INTO THE ISOLATION HOSPITAL.

DISEASES AND AGES ON ADMISSION.

	All ages.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65	Above 65
Scarlet Fever ..	27	4	20	3	..	..
Diphtheria ..	22	5	12	2	2	1
Enteric Fever ..	1	..	..	1	..	..
Totals ..	50	9	32	6	2	1

PARISHES IN WHICH THE PRINCIPAL ZYMOTIC
DISEASES WERE NOTIFIED.

Parish.	Scarlet Fever.	Erysipelas.	Diphtheria.	Enteric Fever.	Measles.	Chicken-pox.	Puerperal Fever.	Pulmonary Tuberculosis.	Other Forms of Tuberculosis.
Bowers Gifford					1		1		
Basildon						1			
Great Burstead	12	4	12		1	15		8	5
Little Burstead			1		19	2	1	1	
Downham						3			
East Horndon	1				4			2	
Hutton	1		1		3	4		1	
Ingrave					5				
Mountnessing	4		1		4	9		1	
North Benfleet	5				1				
Pitsea		1		1	29	2		1	
Shenfield	2	2	2		1	7			
Laindon		1	5		19	20		5	1
Lee Chapel					2	3			
Vange	2				12			2	
Little Warley		5						1	2
Wickford					4	4		4	1
South Weald	2	2	5		16	22		3	1
Ramsden Crays					1			1	
Ramsden Belhouse					2			1	
Dunton					9				
Childerditch					1				
Nevendon									
Total	29	15	27	1	134	104	2	28	10

WATER SUPPLY.

The water supply of the district is arranged for chiefly by two companies. The South Essex Water Co. supply the Western side, and the Southend Waterworks Co. supplying the Eastern side of the district.

Both of these companies maintain an efficient and continuous service.

The water supplied by these companies is obtained almost entirely from deep wells situated within and without the district.

The water main has been extended so that the parishes of Little Warley and Childerditch are now almost entirely supplied from the public supply.

There are parts of the district where a good water supply is very necessary, and where at present no efficient

or adequate supply is available. I refer particularly to the parishes of Ingrave and East Horndon. These two parishes are mainly dependent on shallow wells, and there are houses in these parishes without a supply of any sort, where the occupants are entirely dependent on a friendly neighbour for their water supply.

Some of the existent wells are no longer fit for use the water being polluted, and in the dry season the supplies of some of the other wells give out.

I would strongly urge that these two parishes should have an extension of the South Essex Co.'s main laid through them, and so ensure a pure and adequate supply of Water.

HOUSING.

1. The number of houses inspected under and for the purposes of Section 17 of the Housing and Town Planning Act, 1909	...	166
2. The number of dwelling houses which on inspection were considered to be in a state so dangerous or 'injurious to health as to be unfit for human habitation		14
3. The number of representations made to the Local Authority with a view to the making of closing orders		14
4. The number of Closing Orders made	...	6
5. The number of dwelling houses the defects in which were remedied without making of Closing Orders		74
6. The number of dwelling houses which after making of Closing Orders were put into a fit state for human habitation		1
7. The number of dwelling houses closed	...	6
8. The general character of the defects found were defective roofs, dampness owing to absence of damp-proof course, or defective eaves, guttering, or both, insufficient lighting and ventilation, defective walls inside and outside, defective ceilings, and privy middens		

The housing problem is still a very acute one. Throughout the whole district there is a lamentable lack of good cottages, and indeed in many parts, of cottages

of any sort obtainable at a rent commensurate with the wage of the working man of the district.

The following parishes are in the greatest need of having additional cottages:—

Ingrave, East Horndon, Mountnessing, Little Warley, Hutton, Great Burstead, Ramsden Bellhouse, Laindon, North Benfleet, Downham, and Wickford.

By this I mean cottages containing three bedrooms and let at an economic rent not exceeding 3/6 a week.

This authority has erected 13 cottages in all; seven of these in the Parish of Great Burstead, and six in the Parish of Ramsden Bellhouse.

These cottages are let at a rental of 4/6 a week. The cottages, as such, could not be better, they are well planned, convenient and roomy, but in my opinion they fail to fulfil the desired object because of the rent required for them, and from a pretty close study and very considerable knowledge of the labourer of the district, I maintain he is unable to pay a rental of 4/6 a week.

The question is one full of difficulties, it would seem that either the rent of the cottage must be lowered to enable the labourer to live in a decently healthy house, or the wage of the labourer must be raised to enable him to pay the required rent.

The question seems to cut both ways, and yet I have seen and inspected in another part of the County of Essex cottages of an almost exactly similar type to those erected by this authority, and let at a rental of 2/6 a week, and the owner assures me that, after allowing for all charges, depreciation, and repairs, he gets a small percentage for himself on the capital outlay.

The question naturally comes to my mind, if a private owner can do this and let his cottages at 2/6 a week, and still get a return for his money, why cannot a local authority which does not require to make an income out of its cottages do the same?

This authority has gone no further into the consideration of building more cottages. I hoped that the 13 which had been erected were of the nature of a trial run, and that this authority would go further into the matter and build more cottages in different parts of this district.

The provision of Cottages by the State, a thing which was foreshadowed as part of future legislation by

an eminent member of the Government, seems to have put an end to any further consideration by this authority of building any more cottages, and the foreshadowed legislation seems to be more distant now than it was some months back.

Meanwhile between these delays the labourer of the district and his family is suffering severely in health and in morals. I am not surprised that the illegitimate birth rate is increasing, when I see the conditions under which many families are being reared, the wonder to me is that it is as low as it is at present, and it must be remembered that these illegitimate births in most cases mean added expense to the poor law rates, expense which would be unnecessary were proper housing conditions to prevail.

Undoubtedly the question is a national one, and money should be provided for building cottages by the National Exchequer, but so far no provision is made for this by the National Exchequer; but the local authority has the power to build cottages for the needs of its own district, and I fail to see why any local authority should hesitate to build at the present time on the conditions on which the thirteen cottages already built by this authority have been erected, for these cottages are self-supporting, and are not a charge on the rates, and when in the course of time the principal and interest has been repaid, these cottages and any similar ones will be a source of income.

I have once again to record my thanks to the Sanitary Inspectors for all their help in the work of carrying out these inspections. They visit, along with myself, the cottages in their own respective districts, and take full particulars of the conditions.

This work is not one which can be hurried through, very careful consideration has to be given to every case, and each case involves a good deal of clerical work both at the time of inspection and afterwards.

In looking over the tabulated statement the results may seem small, this is partly accounted for by the reason given above, but it must also be remembered that many of the old and insanitary cottages do not come under this act at all, owing to the length of the tenancy, and these require to be inspected under the Public Health and Housing Acts previous to the Act of 1909.

SEWERAGE.

The Sewerage Scheme for Billericay and part of Mounthessing parish has been in full working order, the majority of the houses have now been connected with the main sewers. This has been, and is, a great boon to this part of the district.

The question of a sewerage scheme for the parishes of Ingrave and East Horndon was considered by the combined parish councils of these two parishes. These bodies were unable to accept the complete scheme I put before them owing to the cost, which would be about £2,000. They agreed that their present condition of sanitation was unsatisfactory, and adopted a scheme of additional piping for some of the ditches at a cost of £140. The best that can be said for this idea is that it carries the nuisance a little further away in most cases, but it doesn't abate it.

I hope in the near future these parishes will come to see the necessity for a system which gets rid of the insanitary nuisance altogether. From the public health point of view such a system is undoubtedly necessary.

During the year I drew the attention of this authority to the sanitary conditions prevalent in the hamlet of Little Burstead. This hamlet is partly in the parish of Little Burstead, and partly, and that the larger part, in the parish of Great Burstead.

There exists at present an old sewer, unventilated, and faulty, and draining only a few houses, and emptying into a cesspool, the overflow from which goes down a ditch by the side of which runs a public footpath.

Something must be done to remedy the insanitary condition of this old sewer, and it was apparent to me that it would be more to the advantage of the public health if a larger scheme capable of being used by a far larger number of houses be installed, instead of spending any money on this old sewer.

This authority instructed the surveyor to prepare plans for a scheme, and these will be presented in due course.

This authority considered the question of sewerage certain private unmade-up roads in Billericay. An application was made to the Local Government Board for powers to adopt the Private Street Works Act. The

Local Government Board held an enquiry, and as a result of that enquiry powers have been granted to this authority under the Private Street Works Act.

I hope this authority will forthwith proceed to the sewerage of these roads, as this is a matter of great urgency.

FACTORIES ACT.

The Factories, Bakehouses and Workshops of the district have been inspected, and no difficulty has been found in getting any suggested improvements carried out.

There are no underground Bakehouses or Workshops in the district.

STAFF.

The sanitary work of the district is carried on by myself and two Inspectors.

Mr. S. J. Shelley, a whole-time inspector, in the Western district

Mr. R. W. J. Layland, who combines the offices of sanitary inspector and highway surveyor, in the Eastern district.

Both of these officers deserve very high commendation for the way in which they carry out their duties.

I would like to suggest to this authority that they give consideration during the year to the revision of the duties of their Sanitary Inspectors and Surveyors. The sanitary work of the district grows more year by year. The Inspectors require to be about in one or another part of their own districts daily and nearly all day. The clerical work of both of these officers is now much increased, and they often find it difficult to overtake all the necessary work at the time it is requiring to be done. Man must have a reasonable amount of relaxation from his daily toil in order that he may remain fit to carry out his daily round, and this applies very especially to the skilled work of a sanitary inspector.

It would seem to me that a re-arrangement of the work of Inspectors and Surveyors with an additional officer added to the staff is necessary, or the provision of some other official who could do the clerical work, or the provision by this council to each of their officers of some mechanical means of locomotion, so enabling

the officers to lose less time pedalling an ordinary bicycle over their districts.

Many samples of water have been analysed, either with a view to the recommending of the granting of a certificate, or in cases where I had reason to doubt the purity of the water.

I am, Gentlemen,

Your Obedient Servant,

J. DOUGLAS WELLS, M.B.

ESSEX COUNTY COUNCIL.

SUMMARY OF WORK done through the Sanitary Inspector and under the H.W.C. Acts, in the Eastern District of Billericay during the year ending December 31st, 1913.

- 23 Complaints received.
- 290 Nuisances detected without complaint.
- 281 Nuisances abated.
- 32 Nuisances remaining unabated.
- 153 Formal notices served.
 - Summonses issued, nil.
 - Convictions obtained, nil.
- 362 Cottages inspected.
 - 9 Cottages found unfit for human habitation.
 - 9 Representations made with the view of Closing Orders being made.
 - 5 Closing Orders made.
- 52 Cottages in which defects were remedied without a Closing Order.
 - Cottages in which defects were remedied after making Closing Order, nil.
- 5 Cottages closed
 - Cottages demolished by Order, nil.
 - Common Lodging Houses in district, nil.

ESSEX COUNTY COUNCIL.

continued.

- 7 Slaughter Houses in District, frequently inspected.
- 9 Bakehouses in District, frequently inspected.
- 15 Dairies and Milkshops.
- 54 Cowkeepers, frequently inspected.
- Samples of milk taken for examination for cleanliness, etc., nil.
- Filthy houses cleansed, nil.
- 27 Houses disinfected.
- 2 Cases of overcrowding abated.
- 84 New houses. Water certificates applied for.
- 45 Certificates granted.
- 1 Public well sunk.
- 160 Privies in district.
- 40 Privies abolished during the year.
- 850 Pail closets.
- 275 W.Cs. with proper flushing arrangement.
- 260 Hand-flushed W.Cs.
- 3 Animals improperly kept removed.
- 10 Samples of water taken for analysis.
- Compensation paid for bedding, Clothing, etc., destroyed, nil.
- Seizures of unsound food, nil.

R. J. W. LAYLAND,

Sanitary Inspector.